

# STATEMENT OF ECCLESIASTICAL ENDORSEMENT

Form Approved  
OMB Number 0704-0190  
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The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0190). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO CHIEF OF CHAPLAINS (ITEM 2).

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, U.S. Code, Sections 532 and 12201; EO 9397.

**PRINCIPAL PURPOSE(S):** To verify the professional and ecclesiastical qualifications of Religious Ministry Professionals for initial appointment or chaplains change of career status appointments as chaplains in the Military Service. This form is an essential element of a chaplain's professional qualifications and will become part of a chaplain's military personnel record.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide all the information requested may significantly delay the processing of this endorsement.

### 1. FROM

a. TYPED OR PRINTED NAME OF RELIGIOUS ORGANIZATION GRANTING RELIGIOUS MINISTRY PROFESSIONAL ENDORSEMENT		b. DATE OF CURRENT INTERNAL REVENUE CODE (IRC) 501(c)(3) EXEMPT STATUS		c. EMPLOYER IDENTIFICATION NUMBER (IRC)	
		d. TELEPHONE (Include Area Code)		e. FAX NUMBER (Include Area Code)	
f. ADDRESS. (1) STREET (Include apartment or suite number)		(2) CITY		(3) STATE	(4) ZIP CODE
g. E-MAIL ADDRESS		h. WEB SITE			

### 2. TO

a. CHIEF OF CHAPLAINS (X appropriate block)		b. ADDRESS. (1) STREET (Include apartment or suite number)			
	(1) ARMY	(2) CITY		(3) STATE	(4) ZIP CODE
	(2) NAVY				
	(3) AIR FORCE				

3. APPLICANT INFORMATION. a. IS THIS AN INITIAL ENDORSEMENT? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
b. TYPED OR PRINTED NAME (Last, First, Middle Initial)		c. SSN		d. TELEPHONE (Include Area Code)	
e. ADDRESS. (1) STREET (Include apartment or suite number)		(2) CITY		(3) STATE	(4) ZIP CODE
f. E-MAIL ADDRESS					
g. NUMBER OF YEARS OF PROFESSIONAL MINISTRY EXPERIENCE APPLICANT HAS COMPLETED		h. NUMBER OF MONTHS OF PRIOR ACTIVE MILITARY SERVICE APPLICANT HAS COMPLETED			
		(1) OFFICER		(2) ENLISTED	
i. APPLICATION IS FOR (X one)	(1) RESERVE (Non-Active Duty)	(4) EXTENDED ACTIVE DUTY (Indefinite)			
	(2) NATIONAL GUARD	(5) REGULAR COMMISSIONED OFFICER			
	(3) INITIAL ACTIVE DUTY (3 years)	(6) RESERVE (AGR)			

### 4. ECCLESIASTICAL ENDORSING AGENT

a. AS THE ECCLESIASTICAL ENDORSING AGENT AUTHORIZED TO REPRESENT _____, (Name of religious organization) (Item 1)			
I HEREBY VERIFY THE ABOVE APPLICANT TO BE PROFESSIONALLY QUALIFIED AS A RELIGIOUS MINISTRY PROFESSIONAL FOR THE MILITARY CHAPLAINCY.			
b. TYPED OR PRINTED NAME (Last, First, Middle Initial)		c. E-MAIL ADDRESS	
d. ADDRESS. (1) STREET (Include apartment or suite number)		(2) CITY	(3) STATE (4) ZIP CODE
e. TELEPHONE (Include Area Code)	f. FAX NUMBER (Include Area Code)	g. SIGNATURE	h. DATE SIGNED (YYYYMMDD)

### 5. COMMENTS